

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014367

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 719

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 317A Relief St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Butler

c. CITY OR TOWN Poplar Bluff

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
317A Relief St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print) SEGER

D.

WOOD

4. DATE OF DEATH

Month April

Day 11

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 27, 1913

9. AGE (last birthday)

48

10. IF UNDER 1 YEAR

Months 14

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hatchery

10b. KIND OF BUSINESS OR INDUSTRY

Hatchery

11. BIRTHPLACE (City and state or country)

Morrisonville, Ill

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Jacob C. Wood

13b. MOTHER'S MAIDEN NAME

Lillian Pryor

14. NAME OF HUSBAND OR WIFE

Mrs. Elizabeth Wood.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elizabeth Wood. Poplar Bluff,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL EMBOLISM

INTERVAL BETWEEN ONSET AND DEATH

1 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITUS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to present and last saw him live on April 11, 1962
Death occurred at 4:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of title)

James E. Lillis M.D.

22b. ADDRESS

Poplar Bluff, Missouri.

22c. DATE SIGNED

17 April 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/13/1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

4/24/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

6128

20128

3

4 0

5 1

6

7 1

8 0

9 4200

10

11

12 70-0

13 1-0

APR 25 1962
FEB 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Mungle

Licensed Embalmer No.

4877

P. O. Address

Poplar Bluff MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.